

State of New Jersey  
Department of Labor and Workforce Development  
Division of Workers' Compensation  
PO Box 381  
Trenton, NJ 08625-0381

APPLICATION  
FOR  
INFORMAL HEARING

FOR STAFF USE ONLY

CASE NO. \_\_\_\_\_

☐ NEW

☐ AMENDED

ORIGINAL INFORMAL CASE # \_\_\_\_\_

SOCIAL SECURITY NUMBER

EMPLOYEE

ADDRESS (Including County)

ZIP CODE

PHONE NUMBER

DATE OF BIRTH

EMPLOYER

ADDRESS (Including County )

ZIP CODE

INSURANCE CARRIER

ADDRESS

ZIP CODE

Name of the Insurance Company can be obtained either from the Employer or by writing to the Compensation Rating and Inspection Bureau 60 Park Place, Newark, New Jersey 07102 (BE SURE TO INCLUDE SELF-ADDRESSED STAMPED ENVELOPE)

Date of Accident \_\_\_\_\_ Type of Injury \_\_\_\_\_

Hearing Requested by:

- ☐ EMPLOYEE  
☐ EMPLOYER  
☐ INSURANCE CARRIER  
☐ PETITIONERS ATTORNEY

WERE YOU ELIGIBLE FOR MEDICAID BENEFITS AT THE TIME OF THE ACCIDENT? ☐ YES ☐ NO

DID YOU BECOME ELIGIBLE FOR MEDICAID BENEFITS AFTER THE ACCIDENT? ☐ YES ☐ NO

YOU ARE ADVISED THAT MEDICAID PAYMENTS RELATED TO THE ACCIDENT ARE TO BE REPAYED IN ACCORDANCE WITH N.J.S.A. 30:14-1, et. seq.

IMPORTANT: This proceeding will not prevent the Statute of Limitations from expiring. FAILURE TO FILE A FORMAL PETITION within two years of the date of accident or the last payment and / or authorized medical treatment by the employer's insurance carrier can bar any action on a claim filed after that time.

TO INSURE IMMEDIATE PROCESSING,  
PLEASE COMPLETE THIS FORM IN FULL OR IT WILL BE RETURNED

Signature \_\_\_\_\_

Date \_\_\_\_\_

The Privacy Act, 5 U.S.C. § 552a, the Social Security Act, 42 U.S.C. § 405, and N.J.S.A. 34:15-1 et. seq. authorize the Division of Workers' Compensation to request that the Petitioner supply the Division with his or her Social Security number for record keeping purposes and cross-matches with the Social Security Administration, Workforce New Jersey, Temporary Disability Insurance and any other proper public purpose.